

## **EXHIBIT B**

Form Approved  
OMB number 0960-0602

AUTHORIZATION TO OBTAIN EARNINGS DATA FROM THE  
SOCIAL SECURITY ADMINISTRATION

Social Security Administration  
Attention: DERO  
300 N. Greene Street  
Baltimore, Maryland 21201

Requesting Organization: Job No. 8279ZF  
Name and Address:

SHEET METAL WORKERS' NAT'L. PENSION FUND  
ATTN: PENSION BENEFITS  
EDWARD F. CARLOUGH PLAZA  
601 NORTH FAIRFAX STREET, SUITE 500  
ALEXANDRIA, VIRGINIA 22314-2075

Name: DANIEL DYMOND Social Security Number: ██████████

Other Last Name(s), Such as  
Maiden Name, Used to Report  
Your/or the Deceased's Earnings

Date of Birth: ██████████ Date of Death: ██████████  
(if applicable)

Please furnish the requesting organization shown above, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified by that organization, and the identification numbers, names, and addresses of the reporting employers.

TO BE COMPLETED BY OFFICIAL REQUESTING ORGANIZATION ONLY

Periods Requested: 1966 through 1971  
Signature of Organization Official: Rachel Hayde  
Telephone Number: 703-739-7000 FAX Number: 703-739-7836

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Address/Telephone Number of  
Social Security Number Holder  
(or Authorized Representative):  
DANIEL DYMOND  
41 WOOD BURY RD.  
FARMINGVILLE, NY. 11738

Relationship (if other than SSN holder): 20 MAR 2003

Date Signed

Signature of Social Security Number Holder  
(or Authorized Representative):  
Rachel Hayde

DANIEL DYMOND

Your Name: (Please Print)

See reverse for Privacy Act Statement

**PRIVACY ACT STATEMENT:**

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or prosecuting violations of the Social Security Act.

We may also use the information you give when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**PAPER WORK REDUCTION ACT STATEMENT**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 2 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form.